

Application Data Sheet

Application Information

Application number::
Filing Date:: December 21, 2001
Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art::
CD-ROM or CD-R?: None
Number of CDs::
Number of Copies of CDs::
Sequence Submission?:
Computer Readable Form (CRF)?:: No
Number of Copies of CRF::
Title:: Machinable Preformed Calcium Phosphate
Title:: Bone Substitute Material Implants
Attorney Docket Number:: 112430.121
Request for Early Publication?: No
Request for Non-Publication?: No
Suggested Drawing Figure:: 1B
Total Drawing Sheets:: 6
Small Entity?: Yes
Petition Included?: No
Petition Type::
Licensed US Govt. Agency:: No
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: France
Status:: Full Capacity
Given Name:: Aliassghar
Middle Name:: N.
Family Name:: Tofighi
City of Residence:: Waltham
State or Province of Residence:: MA
Country of Residence:: US
Street of Mailing Address:: 25 Wilson Road
City of Mailing Address:: Waltham
State or Province of Mailing Address:: MA
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 02452-8411

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: US
 Status:: Full Capacity
 Given Name:: Michele
 Middle Name::
 Family Name:: Krause
 City of Residence:: Wayne
 State or Province of Residence:: NJ
 Country of Residence:: US
 Street of Mailing Address:: 39 Beech Terrace
 City of Mailing Address:: Wayne
 State or Province of Mailing Address:: NJ
 Country of Mailing Address:: US
 Postal or Zip Code of Mailing Address:: 07470-5020

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: US
 Status:: Full Capacity
 Given Name:: Dosuk
 Middle Name:: D.
 Family Name:: Lee
 City of Residence:: Brookline
 State or Province of Residence:: MA
 Country of Residence:: US
 Street of Mailing Address:: 75 Lee Street
 City of Mailing Address:: Brookline
 State or Province of Mailing Address:: MA
 Country of Mailing Address:: US
 Postal or Zip Code of Mailing Address:: 02445-5912

Correspondence Information

Correspondence Customer Number:: 23483
 Phone Number:: 617-526-6000
 Fax Number:: 617-526-5000
 E-Mail Address::

Representative Information

Representative Customer Number:: 23483

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name:: Etex Corporation
Street of Mailing Address:: 350 Massachusetts Avenue
City of Mailing Address:: Cambridge
State of Mailing Address:: MA
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 02139-4182